

Supplemental Insurance - Required

This certifies to City of Santa Barbara, P.O. Box 1990, Santa Barbara, California, 93102-1990 that the following described policies have been issued to:

Insured: _____

Address: _____

Location of operations insured: _____

Description of work (show project name and/or contract number , if any): _____

Policies & Insurers	Limits		Policy Number	Expiration Date
	Bodily Injury	Property Damage		
General Liability <input type="checkbox"/> Comprehensive <input type="checkbox"/> Commercial (Insurer) _____	Each Person Each Occurrence	Each Occurrence Aggregate Combined Single Limit		
Automobile Liability <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non Owned (Insurer) _____	Each Person Each Occurrence	Each Accident Combined Single Limit		
Professional Liability • Errors & Omissions • Malpractice (if applicable) • Negligent Performance (Insurer) _____	Each Person Each Occurrence	Each Accident Aggregate Combined Single Limit		
Workers' Compensation (Insurer) _____	STATUTORY			
	Employer's Liability \$ _____			

The following coverage or conditions are in effect:

General Liability ☐
 Automobile Liability ☐
 Professional Liability ☐

	Yes	No
1. City of Santa Barbara, its Officers, Employees, and Agents Named as Additional Insured; must attach a copy of the endorsement.		
2. Policies will not be Canceled, Limited, or Allowed to Expire without 30 Days Written Notice to the City Clerk at P.O. Box 1990, Santa Barbara, CA 93102-1990, or 10 days notice for non payment of premium.		
3. Coverage Afforded the City shall Apply as Primary and Not Excess to Any Insurance Issued in the Name of the City.		
4. Blanket or Scheduled Contractual Liability Sufficiently Broad to Cover Liability Assumed in Contract.		
5. Policy includes a Severability of Interest provision.		
6. Broad Form Property Damage Endorsement		
7. Products and Completed Operations		
8. X, C, U Hazards Included		
9. Longshoremen's and Harbor Worker's Act		
10. Liquor Liability		
11. Fire Legal Liability		
12. Other (Specify)		

Date: _____

(Authorized Signature)

(Date)

At: _____

(Company and Address)

NOTE: Authorized signature may be the agent if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of official of insurer.